PTO/SB/17 (07-06)

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Pees pursuant to the Consolidated Application Number 10/632,342 Filing Date 10/632,342 Fi	Under the Paperwork Reduction	Act of 199	5 no persons are requi	red to re	espond to a collection	n of inforn	nation unless it display	s a valid OMB control number	
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 180.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 17-0055. Deposit Account Name Quarles & Brady For the above-identified deposit account, the Director is hereby authorized to: check all that apply) Charge eny additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) MARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card information and suthorization on P17-0253. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (\$)					Complete if Known				
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Michael D. Pak Art Unit 1646 Art Unit	· · ·				Application Num	nber	10/632,342		
Applicant claims small entity status See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 180.00 Attorney Docket No. 950296.98989					Filing Date		August 1, 2003		
Art Unit 1646 Attorney Docket No. 960296.989899 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 17-0055 Deposit Account Numbe	For	FY 2	2005		First Named Inv	entor	Jonathan Makiels	;ki	
METHOD OF PAYMENT (\$) 180.00 Attorney Docket No. 860296 98989 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Credit (and indicated below) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Indicated Defence public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(\$)	Applicant claims small entity status. See 37 CED 1 27				Examiner Name	-	Michael D. Pak		
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Design 200 100 100 50 130 65	Application Type			Fee (\$		<u>Fee</u>		Fees Paid (\$)	
Plant 200 100 300 150 160 80	Utility	300	150	500	250	200	100		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Design	200	100	100	50	130	65		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Independent claims paid for, if greater than 3. Number of each additional 50 or fraction thereof Independent claims paid for, if greater than 3. Number of each additional 50 or fraction thereof Independent claims paid for, if greater than 3. Number of each additional 50 or fraction thereof Independent claims paid for, if greater than 3. Fee (\$) Fee Paid (\$) Number of each additional 50 or fraction thereof Independent claims paid for, if greater than 3. Fee (\$) Fee Paid (\$) Fee	Reissue	300	150	500	250	600	300		
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Signature	Hewist Ben	Registration No. (Attorney/Agent) 37,094	Telephone 608.251.5000
Name (Print/Type)	Bennett J. Berson		Date February 19, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.